



## Pennsylvania State Grant Change of School Request

### Student's Information

Albright College ID: \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address (include apt. no.)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number (include area code)

Please complete all the sections below for the Financial Aid Office to change your school listed on your Pennsylvania State Grant record to Albright College.

#### **A. Enrollment Status:**

- Full-time
- Part-time

#### **B. Award Year:** \_\_\_\_\_

- Fall & Spring Semester
- Fall Semester only
- Spring Semester

#### **C. Housing Status: (Check one)**

- Dormitory
- Off-Campus (Living away from home and not in dormitory housing)
- Commuter (Living at home with parents)

#### **D. Certification and Signature**

By signing this statement, I authorize Albright College to request and receive any and all information contained in my 2022-2023 Pennsylvania State Grant Record on file with the Pennsylvania Higher Education Assistance Agency (PHEAA). I understand that all information submitted to PHEAA may be released to the institution listed above for evaluating my eligibility for financial assistance. I further authorize PHEAA to forward all information on the application and all information subsequently submitted to or acquired by the agency to Albright College.

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

#### OFFICE USE ONLY

Date Received \_\_\_\_\_ Request Completed \_\_\_\_\_ Date changed with PHEAA \_\_\_\_\_